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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 28 2004

Applicant: David J. Houston, et al  
Serial No.: 10/707,831  
Filed: 01/15/2004  
Title: Ball Return Device

Art Unit: 3711  
Examiner: Chiu, Raleigh W.  
Atty Docket No.: 08855-00009

M.S. Non-Fee Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

In response to the Office Action mailed July 28, 2004, please enter the following amendments and consider the remarks below intended to put the claims into form for allowance.

Response Under 37 C.F.R. § 1.111  
Serial No. 10/707,831  
Page 1 of 13

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PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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FORM

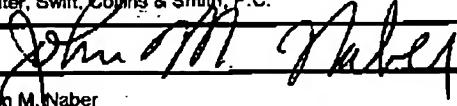
(to be used for all correspondence after initial filing)

		Application Number	10/707,831
		Filing Date	01/16/2004
		First Named Inventor	David J. Houston
		Art Unit	3711
		Examiner Name	Raleigh W. Chiu
Total Number of Pages in This Submission	14	Attorney Docket Number	08855-00009

## ENCLOSURES (Check all that apply)

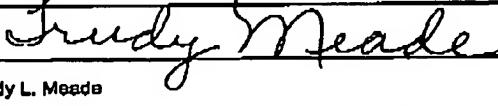
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Foster, Swift, Collins & Smith, P.C.		
Signature			
Printed name	John M. Naber		
Date	28 October 2004	Reg. No.	46,487

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Typed or printed name	Trudy L. Meade	Date	28 October 2004

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